

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

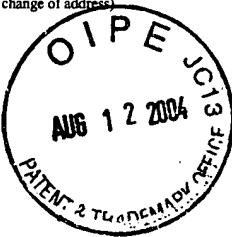
B ✓
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 07/14/2004

Thomas W. Ryan
Piper Marbury Rudnick & Wolfe
P.O. Box 64807
Chicago, IL 60664-0807



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Stephanie Warner-Wallace	(Depositor's name)
<i>Stephanie Warner-Wallace</i>	(Signature)
August 9, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/071,681	02/08/2002	Lenny Sujdak	P-6252	4037

TITLE OF INVENTION: EMERGENCY ECG ELECTRODE CHEST PAD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/14/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			

COHEN, LEE S

3739

600-382000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 PIPER RUDNICK LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-2284 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

Thomas W. Ryan/Reg. No. 43,072

(Date)

8/19/2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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08/12/2004 DSHYRAS12 00000012 10071601

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665.00 0P

TRANSMIT THIS FORM WITH FEE(S)



Attorney Docket No. P-6252

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lenny SUJDAK

Serial No.: 10/071,681

Filed: February 8, 2002

Art Unit: 3739

Examiner: Lee S. Cohen

Confirmation No.: 4037

For: EMERGENCY ECG ELECTRODE
CHEST PAD

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop Issue Fee, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 9, 2004

Date

Stephanie Warner-Wallace

Name

Stephanie Warner-Wallace

Signature

28465

Attention:

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sir or Madam:

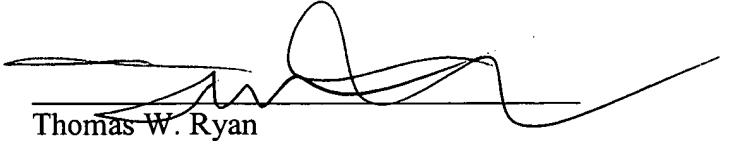
Enclosed herewith, for filing, are the following:

1. Issue Fee Transmittal;
2. A check in the amount of \$665.00 to cover the issue fee; and
3. A return postcard to acknowledge receipt of the above.

Attorney Docket No. P-6252

The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 18-2284. This letter is transmitted in duplicate.

Respectfully submitted,



Thomas W. Ryan
Reg. No. 43,072
Attorney for the Applicant

PIPER RUDNICK LLP
P.O. Box 64807
Chicago, Illinois 60664-0807
(312) 368-4000